

Affidavit of Survivorship

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

State of Indiana 2016 057238

2016 AUG 23 PM 4: 09

County of Lake

MICHAEL B. BROWN
RECORDER

Also known as Lannie M. Roberson Dawson
I, LANNIE MAE ROBERSON DAWSON, residing at 1401 W 20TH PLACE, GARY, Indiana, 46407, being of legal age, depose and say that:

1. On March 26, 1992, by QUIT-CLAIM DEED recorded in Book/Volume 807, Page 700, of the LAKE County records as document number 92045211 ('the Deed'), the Affiant and JOE NATHAN DAWSON become owners of the following legally described property:

GARY PARK 2ND ADD. L.1 BL.3 ALL L.2 BL.3 ALL L.3 BL.3
Also known as Joe N. Dawson
the Lake County Recorder!

2. Affiant and JOE NATHAN DAWSON own the property in joint tenancy with right of survivorship.
3. On August 26, 1997, JOE NATHAN DAWSON, died, thereby terminating JOE NATHAN DAWSON'S interest in the above-described real property. A certified copy of the death certificate of JOE NATHAN DAWSON is attached hereto as Exhibit A.
Also known as Joe N. Dawson

Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Lannie Mae Roberson Dawson
LANNIE MAE ROBERSON DAWSON

August 22, 2016
Date

FILED

AUG 23 2016

25424

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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STATE OF INDIANA, COUNTY OF LAKE, ss:

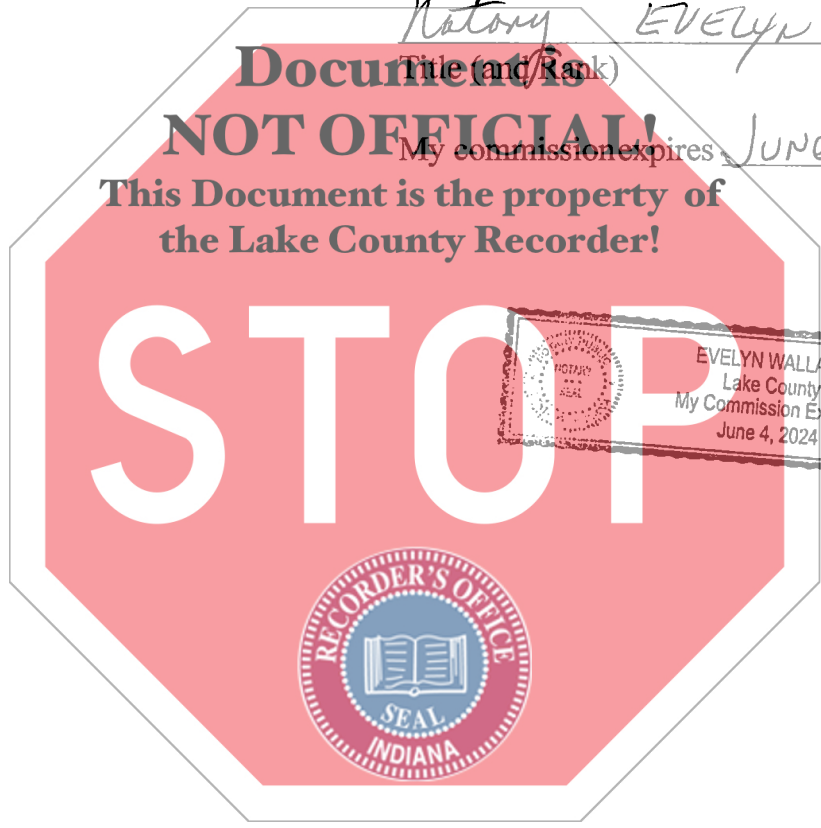
Also known as Lannie M. Roberson Dawson
This Affidavit was acknowledged before me on this 22nd day of August 2016,

by LANNIE MAE ROBERSON DAWSON, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Evelyn Wallace
Notary Public

Notary EVELYN WALLACE
Title (and Rank)

My commission expires *JUNE 4, 2024*



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 97-0595

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Joe Nathan Dawson		2. SEX Male	3a. TIME OF DEATH 1:45P M	3b. DATE OF DEATH (Month, Day, Yr.) August 26, 1997	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Year's) 67	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) December 4, 1929	
7. BIRTHPLACE (City and State or Foreign Country) Camden, Mississippi	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Lannie Mae George	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Transportation Engineer		12b. KIND OF BUSINESS/INDUSTRY USX Steel Corp.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 1401 West 20th Place		
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10th College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Cornelius Dawson			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Anderson		20a. INFORMANT'S NAME (Type/Print) Lannie Mae Dawson			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1401 West 20th Place Gary, Indiana 46407		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 30, 1997 Oak Hill Cemetery		21c. LOCATION—City or Town, State Gary, Indiana	
22a. EMBALMERS NAME Roosevelt Allen Sr.		22b. EMBALMERS LICENSE NO. #01051696	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of License) #08700298	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc 83007704 2959 West 11th Avenue, Gary, Indiana 46404		
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Carcinoma of kidney with extensive metastasis to both lungs</i> b. _____ c. _____ d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>SIP Immuno-deficiency Diabetes mellitus</i>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -----		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 01035695	29d. DATE SIGNED (Month, Day, Year) August 9, 1997		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jyotsna Sanghvi, MD 8127 Merrillville Rd Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) SEP. 12 1997		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

